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FEC FORM 1

STATEMENT OF ORGANIZATION

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2014 JAN 13 AM 8: 16

1.	NAME OF		
	COMMITTEE	(in	full)

(Check if name is changed)

Example: If typing, type over the lines.

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ADDRESS (number and street)	6181011 101a	k Hall	I. Liainiei iB	NOIXI	7:0:4:6:		لبب
(Check if address is changed)				1111	1111		لبب
	CITY A	a III		MIDI STATE A	2,1,0,	ZIP CODE	
COMMITTEE'S E-MAIL ADDRES	SS		t				
(Check if address is changed)	a apraicim	iairiyi Liai	nd@gimani.l	193 1 24 CI O H	7 1 ~ *	1 4.1	لــــا
	Optional Second E-M	ail Address			•		· · · 1
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COMMITTEE'S WEB PAGE ADD	PRESS (URL)						
(Check if address is changed)							
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2. DATE OT O	3 2014				•		
3. FEC IDENTIFICATION NU	MBER ▶ (00055	3586				
4. IS THIS STATEMENT	NEW (N)	OR X	AMENDED (A)				
certify that I have examined th	is Statement and to the	e best of my kno	wledge and belief it is	true, corre	ct and comp	lete.	
Type or Print Name of Treasurer	Nader Ab	uhassan					
Signature of Treasurer			C	Date ()	W ' O	3 'à c	14
NOTE: Submission of false, errone	ous, o incomplete information ANY CHANGE IN INFO					ies of 2 U.S.C	c. §437g.
Office Use Only		Fe To	r further Information condend Election Commission Il Free 800-424-9530 cal 202-894-1100			FORM (sed 06/2012)	

5.

FEC Fo	orm 1 (Hevised 02/2009)	Page 2		
	COMMITTEE			
Cendidate	e Committee:			
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.)	e the candidate		
Name of Candidate				
Candidale Party Affiliat	Office ion Sought: House Senate President	State District		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate		1 1 1		
Party Cor				
(d)	· · · · · · · · · · · · · · · · · · ·	mocratic, publican, etc.) Party.		
Political A	Action Committee (PAC):			
(e) v	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a:		
	Corporation Corporation w/o Capital Stock L	abor Organization		
	Membership Organization Trade Association C	cooperative		
	tn additien, this committee is a Lobbyist/Registrant PAC.			
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party		
	In addition, this committee ts a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint Fund	draising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/arganizations, at least one of which is an authorized committee of a inderal naralidate.	r more political		
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two of committees/organizations, none of which is an authorized committee of a federal candidate.	r more political		
Com	nmittees Participating in Joint Fundraiser			
		: ·: •		
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2.	FEC !D number C			
3.	FEC ID number C			
4.		-		

•	FEC Form	1 (Revised 02/2009)	Page 3			
W	/rite or Type Com					
 6.	Name of Any (Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor			
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L		16181811 181 181 181 181 181 181 181 181				
	Mailing Address	16181011 101alk Hall 1 Llaine Block 171046				
		Clollulm bila	code Code			
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leader	iship PAC Sponsoi			
' .	Custodian of R books and recor	ecords: Identify by name, address (phone number optional) and position of the person in posses	sion of committee			
	Full Name	Khiailiili Ziaiieidi i i i i i i i i i i i i i i i i i				
	Mailing Address	[6,8,0,1, Orack, Hall 1 Lame Biox, 17,0:4,6)				
		Cioil wimbilia 11111 MiD 2104	51-L			
	Title or Position	CITY STATE ZIP	CODE			
	<u> </u>	of Mie mibie: 15 hi i p Telephone number 4110-48	71-14.7.07			
3.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).					
	Full Name of Treasurer	Nader Abuthasisan				
	Mailing Address	16.8.0.1, Oak, Hall, Lane, Boix, 7.046				
		Cioil wimbiliar i I I MiDI 12:1:0:4	51-L			
	Title or Position		CODE			

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Telephone number 4.1.0 - 4.8.7 - 4.7.0.7

9.

FEC Form 1 (Revise	d 02/2009)		Page 4			
Full Name of Designated Agent	Salkini					
Mailing Address	16.8.0.1: Oak Hall I Lane	BIOIXI	7.0.4.6			
	Cioil wimbiliai : I I I I I I I I I I I I I I I I I I	M.D. STATE	211.04.51- ZIP CODE			
Pireisiideint	Telephone nu	ımber 4	1.01-18.7.21-16.2.2.21			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
Biaini	k joil Americia	1111				
Mailing Address	17.1.70 Cradilierrocki Way	<i>(</i> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
	[Cioil wimbilian	MD	12:1:0:4:51-			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository,	etc.					
Biainiki of Amerrica						
Mailing Address	17.04:5 Arrondiert Milles	Bilividi				
	Hamovier	MD	[2,1,0,7,6]-			
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999 E Street N.W. Washington, D.C. 20463 Federal Election Commission

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(8/2013)

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